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TOBACCO INDUSTRY RESEARCH COMMITTEE CF. #2
150 EAST FORTY SECOND STREET NEW YORK 17, N.Y. Activated 1/1/55
Renewed 1/1/56

Application For Research Grant

Date: March 20, 1958

1. Name of Investigator:
   Maurice S. Segal, M.D.

2. Title:
   Clinical Professor of Medicine, Tufts University School of Medicine
   Director, Lung Station (Tufts) and Department of Inhalation Therapy, Boston City Hospital

3. Institution & Address:
   Tufts University School of Medicine, 136 Harrison Avenue, Boston, Mass.
   Boston City Hospital, 818 Harrison Avenue, Boston, Mass.

4. Project or Subject:
   "Relationship of Cigarette Smoking to Chronic (obstructive) Pulmonary Emphysema"

5. Detailed Plan of Procedure (Use reverse side if additional space is needed):

A number of reports have appeared in the literature suggesting or implying a direct causal relationship between cigarette smoking and the development of chronic pulmonary emphysema. These reports have been based on analyses of very small number of patients. The diagnoses were not always proven, and possible tobacco aggravation of a pre-existing chronic bronchitis may have been confused with the concept of a direct etiologic relationship to chronic pulmonary emphysema.

Lowell, F.C., Franklin, W., Michalson, A.L. & Shiller, I.W. : Chronic Obstructive Pulmonary Emphysema: A disease of Smokers. Annals of Internal Medicine, 45:268, 1956. A study in 34 patients: " The evidence presented indicates that in the New England area and in the age group over 50, smoking is the major cause of emphysema and that the disease is inflammatory rather than degenerative in nature."

I propose to carefully review the records of approximately 300 private patients with proven chronic pulmonary emphysema. Particular attention would be paid to the following:

1. Basis for diagnosis.
2. Patient's personality profile.
4. Specific tobacco history (amount and duration).
3. Vital statistics of each patient.

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Source: https://www.industrydocuments.ucsf.edu/docs/qrpl0000

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5. Detailed plan of procedure - cont'd.:

5. history of the underlying bronchitis and emphysema.
6. history of associated gastro-intestinal lesions, e.g. ulcer.
7. history of any associated peripheral vascular disease.

A study of this type should reveal statistically significant data and provide a base for further study.

A review of patients through letter A revealed several non-smokers with very severe chronic bronchitis and chronic pulmonary emphysema.

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Source: https://www.industrydocuments.ucsf.edu/docs/qrpl0000

6. Budget Plan:

Salaries	secretarial	$ 3500.00
Expendable Supplies	publications	
Permanent Equipment	present. at meet.	750.00
Overhead (Tufts)	15%	750.00
Other		
Total		$ 5000.00

7. Anticipated Duration of Work:

Six to twelve months.

8. Facilities and Staff Available:

Private office records and staff.
Lung Station (Tufts) records and staff.

9. Additional Requirements:

None

10. Additional Information (Including relation of work to other projects and other sources of supply):

None

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Signature /s/ Maurice S. Segal, M.D.
Director of Project

/s/ Leonard G. Mead
Business Officer of the Institution

Source: https://www.industrydocuments.ucsf.edu/docs/qrpl0000